PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10663767

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			7.2.		* * * * *			RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		ВА	SIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			/2 minus 20=		. 22		;	X\$ 9=		OR	X\$18=	·
IND	EPENDENT CL	AIMS	minus 3 =					X42=		OR	X84=	
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT				+	140=		OR	+280=	
* If	the difference	in column 1 is	less than zo	ero, enter	"0" in c	"0" in column 2		OTAL		OR	TOTAL	186
	С		MENDED - PART II			SMALL ENTITY			·	OTHER THAN		
_		(Column 1)		(Colur HIGH		(Column 3)	- 5	MALL		OR	SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	f	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		(\$ 9=		OR	X\$18=	
	Independent	*	Minus	Minus *** TIPLE DEPENDENT				K42=		OR	X84=	
L	THOTTREE	NATION OF ME		CIVOLIVI	QDAIIWI		+	140=		OR	+280=	
4000										OR	TOTAL	
		ADI	OIT. FEE		Ι ΟΙ 1	ADDIT. FEE						
		(Column 1) CLAIMS		(Colur		(Column 3)	_		4551			
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	>	(\$ 9=		OR	X\$18=	
	Independent	* NTATION OF MI	Minus	***	COL ALIA	-	7	(42=		OR	X84=	
<u> </u>	FINST PRESE	NIATION OF MI	JLI IPLE DE	PENDENI	CLAIM		+	140=		OR	+280=	
							400	TOTAL		OR I	TOTAL	
		(Column 1)		(Colur	mn 2)	(Column 3)	ADL	OIT. FEE			ADDIT. FEE	
6		CLAIMS		HIGH	EST			~ 7	ADDI-	1		ADDI
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA	F	RATE	TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	×	(\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		×	1	(42=			X84=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							142-		OR	704=	
* 1	f the entry in colu	+	140=		OR	+280=						
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE												
	ii uie inignest Nu The "Highest Nun	mber Previously P nber Previously Pa	aid For" IN TH id For" (Total o	is space i r Independ	is less tha ent) is the	ın 3, enter "3." e highest number			ropriate box			